Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10724472

CLAIMS AS FILED - PART I							SMALL ENTITY			•	OTHER THAN		
	0711 01 1414		(Column 1) (Colu			mn 2)	TYPE -			OR	SMALL ENTITY		
TOTAL CLAIMS			51		•			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			\(\int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			31		X\$ 9=		OR	X\$18=	55.8	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			5 minus 3 = *			2		X43=		OR	X86=	172	
MU	TOTAL	NDENT CLAIM P	RESENT					+145=	,	OR	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	1500-	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
_		(Column 1)		(Column 2) (Column			_ :	SMALL ENTITY (SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU: PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus	***	AAIA I	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	.:	OR	+290=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
8		CLAIMS		HIGHES	îT		Г		ADDI-	ſ		ADDI-	
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBE PREVIOU: PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE	٠.	RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF ML	Minus	***	1 0104	=		X43=		OR	X86=		
1		TOTAL OF THE	CITI CE DEI	LINDLINI	LATIVI			+145=		OR	+290=		
TOTAL										OR	TOTAL		
ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)													
ပ	`	CLAIMS REMAINING		HIGHES NUMBE	Ť				ADDI-	ſ		ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=		
ME L	Independent	*	Minus	***		=		X43=			X86=		
1	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-		
* If the entry in column 1 is less than the entry is not one 0 and 100 to 100 t										OR	+290=		
** If	the "Highest Nun	nber Previously Pai	d For" IN THIS	SPACE is le	ss than	20. enter "20."	ADI	TOTAL DIT, FEE		OR A	TOTAL	Υ	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													